



PROFESSIONAL DEVELOPMENT FUNDING CLAIM FORM

EMPLOYEE INFORMATION AND PROFESSIONAL DEVELOPMENT ACTIVITY:

Employment Group: CUPE 2950 (JSTP) Exec Admin Non Union TRA Management & Professional

Employee Name: _____ Employee ID Number: _____

Department: _____ Campus: _____

Work Email: _____ Work Phone: _____

DESCRIPTION (Please provide a description of your professional development activity and briefly explain how the activity will enhance the knowledge, performance or career progression of your work at UBC):

FUNDING REQUESTED FOR:

NOTE: Please refer to Professional Development guidelines at <http://www.hr.ubc.ca/learning-development/funding/> for details. For MOST workshops, please submit the computer-generated claim form received in your confirmation email.

GENERAL EXPENSES:

PD Admin Only

TRANSACTION DATE	CATEGORY**	PROVIDER	EXPENSE AMOUNT* (CDN\$)	CLAIM AMOUNT* (CDN\$)	SPEED CHART	ACCOUNT	TAX
			\$	\$			
			\$	\$			
			\$	\$			

TRAVEL EXPENSES (non-local, reimbursed as per [UBC Travel Policy 83](#)):

TRANSACTION DATE	CATEGORY**	PROVIDER	EXPENSE AMOUNT* (CDN\$)	CLAIM AMOUNT* (CDN\$)	SPEED CHART	ACCOUNT	TAX
			\$	\$			
			\$	\$			
			\$	\$			

TOTAL REQUESTED: \$ \$

* **Foreign Currency:** Please indicate amount in Canadian funds and provide proof of exchange (i.e. copy of credit card statement with personal info blacked-out) or payment will be processed based on Bank of Canada rate for the date of purchase.

** Category types include:

General: Books, Coaching, Conference, Course (duration 6 days or more), Exam, Professional Membership, Subscription, Webinar, and Workshop (duration 5 days or less)

Travel: Accommodation, Airfare, Car Rental/Taxi, Meals, Mileage, and Parking

TYPE OF REIMBURSEMENT (Please check one and see relating documentation requirements):

Reimburse Employee (via direct deposit) Reimburse Department (via Journal Voucher)

Receipt Requirements (original only):

- Proof of payment (i.e. receipt or statement of account showing zero balance)
- Proof of registration (showing name, name of course/membership/etc. and dates)
- Shipping/packing slip for any online book purchases

Journal Voucher Requirements:

- Copy of a UBC credit card statement or Q-Requisition/Travel Requisition of the original payment
- Department SpeedChart: _____
- Department Account(s): _____
- Department Finance contact email: _____

Receipt Requirements (copy only):

- Proof of payment (i.e. receipt or statement of account showing zero balance)
- Proof of registration (showing name, name of course/membership/etc. and dates)
- Shipping/packing slip for any online book purchases



EMPLOYEE INFORMATION:	
Employee Name: _____	Employee ID Number: _____

EMPLOYEE CONFIRMATION:	
I certify that I have not and will not claim reimbursement for these expenses from any other source and further confirm that the information provided in this application is correct.	
Dated: _____	Signed: _____

MANAGER APPROVAL:	
I confirm that, as per the PD Fund Guidelines , this application is eligible for professional development funding.	
Dated: _____	Signed: _____
Name of Manager: <i>(please print)</i> _____	

**Please submit your completed claim form along with receipts & supporting documents by campus mail to:
PD Funding, Human Resources, Sixth Floor, 6190 Agronomy Road, TEF III, Zone 3
Questions? Please call 604-822-6314**

Authorization (For PD Admin use only):				
Fiscal Year:	FTE:	Received Date:		
<input type="checkbox"/> PD Claim Approved	Log 1	Log 2	Email	
PD Admin Name:	Signature:	Approved Date:		
<input type="checkbox"/> PD Claim NOT Approved	Reason:			
Previous Balance:	Total Requested:	Total Approved:	New Balance:	
Payment Information: <input type="checkbox"/> Q-Requisition <input type="checkbox"/> TR-Requisition <input type="checkbox"/> Journal Voucher				
Reference #:	Voucher #:	Group #:	Journal ID #:	Currency:
_____	000 _____	000000 _____	000 _____	Canadian
Approved by:		Entered & Submitted by:		
Signed: _____		Signed: _____		
Print Name: _____		Print Name: _____		
Date: _____		Date: _____		